

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING OFFICE	

1. Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TX 77001

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 8	Pool Name, Including Formation HARE SIMPSON	Kind of Lease XXXXXXXXXX Fee	Lease No.
Location Unit Letter L : 1740 Feet From The SOUTH Line and 350 Feet From The WEST Line of Section 22 Township 21-S Range 37-E, NMPM, LEA County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TEXAS 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NEW MEXICO 88241			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 22	Twp. 21-S	Rge. 37-E
	Is gas actually connected?		When JUNE 21, 1983	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-427 (9-11-83)

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 12-18-49	Date Compl. Ready to Prod. 6-10-83		Total Depth 7885'		P.B.T.D. 7854'			
Elevations (DF, RKB, RT, GR, etc.) 3430' DF	Name of Producing Formation McKEE		Top Oil/Gas Pay 7696'		Tubing Depth 7677'			
Perforations 7696' to 7828'					Depth Casing Shoe 7885'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (32.4#)	209'	300 sx
11"	8-5/8" (32#)	2905'	2300 sx
7-7/8"	5-1/2" (15.5#, 17#)	7885'	600 sx

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 6-21-83	Date of Test 7-22-83	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure ----	Choke Size ----
Actual Prod. During Test	Oil-Bbls. 14	Water-Bbls. 3	Gas-MCF 26.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 A. J. FORE
(Signature)

SUPERVISOR REGULATORY AND PERMITTING
(Title)

NOVEMBER 9, 1983
(Date)

OIL CONSERVATION DIVISION

NOV 18 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

NOV 17 1983

G.C.D.
HOBBS OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

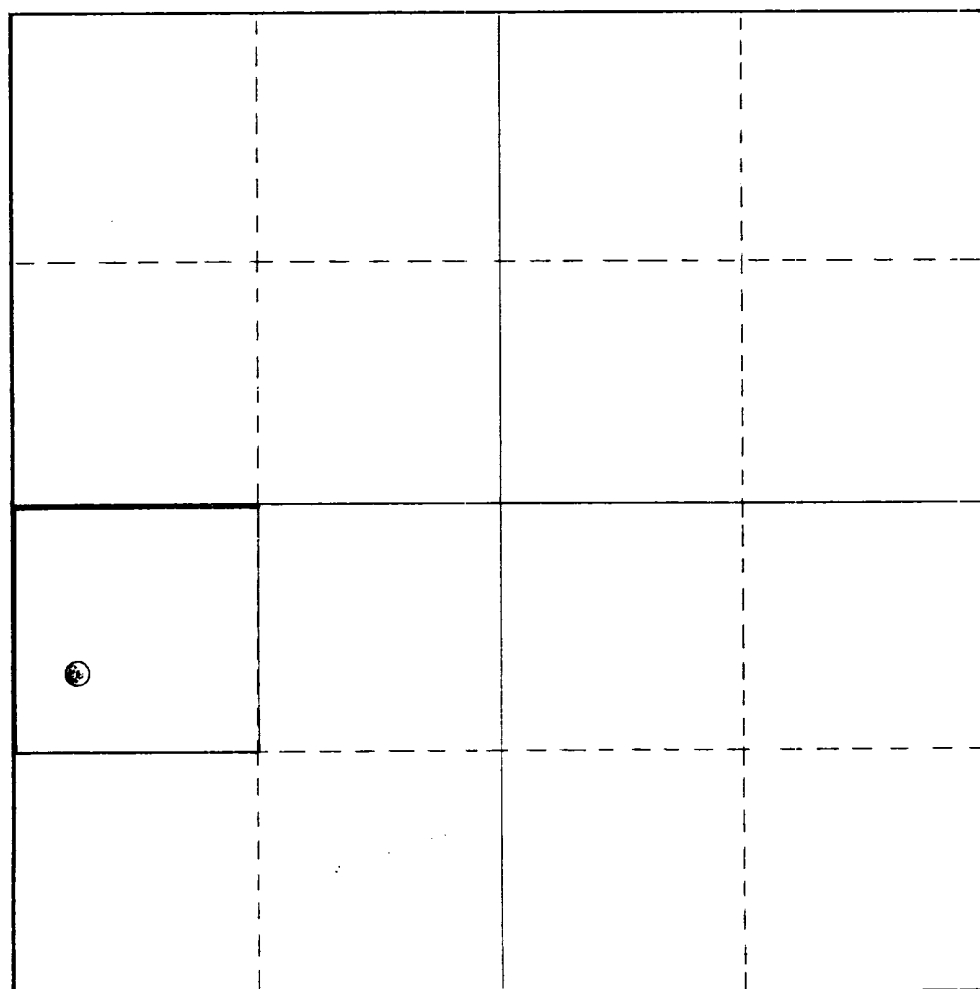
Operator SHELL OIL COMPANY			Lease TURNER			Well No. 8		
Unit Letter L	Section 22	Township 21-S	Range 37-E	County LEA				
Actual Footage Location of Well: 1740 feet from the SOUTH line and 350 feet from the WEST line								
Ground Level Elev. 3430' DF	Producing Formation McKEE		Pool HARE SIMPSON			Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
A. J. FORE

Position
SUPV. REGULATORY & PERMITTING

Company
SHELL OIL COMPANY

Date
NOVEMBER 9, 1983

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.